Approved For Release 2006/11/73 : CIA-RDP75-00399R000100130108-4 CONTROL-NO. REPORTS INVENTORY DDS/OL/RECD-10 PREPARE IN DUPLICATE 1. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE STATISTICAL 0F MARRATIVE Safehouse Utilization REPORT MACHINE-NAME LISTING PERSONNEL TRAINING ADMIN. GENERAL LOGISTICS SECURITY OTHER (specify) 3. FUNCTIONAL AREA MEDICAL FINANCE 4. NO. OF COPIES PREPARED 5. FREQUENCY (weekly, monthly, quarterly, etc.) DISTRIBUTION (No. of components not number of copies) Semiannual 7. FORMAT (memorandum, form 8. ADP PROCESSING 9. DIRECTIVE AUTHORITY REQUIRING REPORT computer print-out, etc) YES IF YES GIVE ADP PROCESSING NO. Memorandum Established by Chief, RECD 10. PREPARING COMPONENT (include lowest level contributing information to report) II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Safehouse Section of RECD None COST FACTORS PREPARATION AND REVIEW COSTS MANUAI HOURLY HOURS PER COST PER TIMES GRADE X X COST PER YEAR RATE REPORT REPORT PREPARED 7.28 17 123,76 2 247.52 GS-12.3 COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

247.52

Inform Chief RECD and Director of Logistics of type and scope of safehouse utilization

^{13.} COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.